



Wayne General Hospital

**Wayne General Hospital
Community Health Needs
Assessment and Action Plan
2017**

Waynesboro, Mississippi

www.waynegeneralhospital.org

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Wayne General Hospital with an operational tool to steer the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines and statutory requirements of the Internal Revenue Service.

The assessment was performed and the implementation strategies were created by the Wayne General Hospital's Community Health Needs Assessment Steering Committee. The results of the CHNA will guide the development of Wayne General's community health improvement proposal and performance strategies. This is a report that may be used by the hospital's community collaborative associates. Data for the assessment were collected in April and May, 2017.

In addition to meeting statutory requirements, Wayne General Hospital's CHNA embarked on generating an assessment of the health needs of their geographical service area to align with their mission and strategic planning goals of providing quality health care that meets or exceeds the expectations of customers. Moreover, Wayne General Hospital determined to establish the health needs of the population that can potentially be served and offer means of improving the health of all.

A broad range of resources was accessed to provide input to our CHNA. Opportunity for input was afforded to a sample size of the community, Wayne General Hospital governing board, medical staff, hospital leadership, and to a focus group that consisted of a broad community representation. Input was gathered by a quantitative/qualitative survey; opportunity was afforded to the survey participants to write-in desired services, education, and screenings they would like to see offered at Wayne General Hospital. Supplementary information was also garnered from state and national databases and governmental publications.

The implementation strategy illustrates the programs and activities that will address the identified health priorities over the next three years. The Wayne General Hospital's CHNA report is available on the hospital's website- www.waynegeneralhospital.org- or a printed copy may be obtained from the hospital's administrative office.

We are sincerely grateful to those who participated and contributed to this assessment. We look forward to facilitating improvement of the health of those we serve by working closely with our community.

Kathy D. Waddell
Chief Executive Officer
Wayne General Hospital

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ABOUT THE HOSPITAL



In 1951, Wayne General Hospital opened its doors as a 30–bed institution to care for the citizens of Wayne County. Demands for hospital services increased and in 1962, additional beds and an expanded ancillary services area were added. In 1977, a new facility was completed at the present location. Today the hospital — with modern equipment, expanded services and specialized personnel — has the ability to provide more medical services to the people of this area. This facility is an 80-bed general acute care hospital that offers the following services:

Wayne General Hospital Services

Hospital

General and Acute Care

Intensive Care, Obstetrics, Medical Surgical Nursing, Swing Bed

Laboratory

Rehabilitation

Occupational Therapy, Physical Therapy, Speech Therapy, Respiratory Therapy

Emergency Department

The Wayne General Hospital Emergency Department is staffed with emergency trained healthcare providers including physicians, an acute care nurse practitioner, and registered nurses that have certifications in Trauma Nursing Core Course (TNCC), Advanced Certification Life Support (ACLS), and Pediatric Advanced Life Support (PALS). In addition, physicians and the acute care nurse practitioner have a certification Advanced Trauma Life Support (ATLS).

Wayne General Hospital, a level IV trauma center, is equipped to serve the community's emergency needs. Working in collaboration with the Southeast Trauma Care Region, Wayne General stabilizes presenting trauma patients and transports them to an appropriate facility. Patients who present experiencing a heart attack, which is known as a ST Elevation Myocardial Infarction (STEMI), are quickly transported to a higher level of care where interventional cardiologists are ready to receive the patient to the heart cath lab for life-saving interventional cardiology measures.

Wayne General Hospital Advanced Life Support Ambulance Service

Wayne General Hospital Ambulance Service is licensed as an advanced life support ambulance service; they own and operate five ambulances. Age groups served range from infants to geriatrics. The Department is directed by a physician director and a registered emergency medical technician-paramedic. Other members of the Wayne General Hospital Ambulance

Service team include registered emergency medical technicians at the basic and paramedic levels and certified emergency vehicle drivers.

Radiology

The Radiology Department is a comprehensive service providing clinical application of imaging technology. Located on the first floor adjacent to the Emergency Department, the following services are provided: Diagnostic Radiology, Nuclear Medicine, Stress Testing, CT, Mammography, and Ultra Sound Services. MRI services are offered every Monday by means of a mobile MRI service. Services are provided to the inpatient and outpatient population of all ages, both within the Radiology Department and at the patient bedside. Outpatient results are sent to the ordering physician's office.

Surgery

Wayne General Hospital's surgery department is served by Dr. W.A. Hendricks and Dr. W.D. Young. Dr. Hendricks performs a full scope of general surgery including endoscopic, and advanced laparoscopic surgery. Additionally, Dr. Hendricks is highly skilled in the most modern surgical techniques and offers many minimally invasive surgical procedures at Wayne General Hospital. He has received additional training in complex hernia repair and minimally invasive cancer surgery.

Dr. Young is board certified by the American Board of Surgeons and is a fellow of the American College of Surgeons. He has been practicing general surgery at Wayne General Hospital since 1977. Dr. Young's practice includes general surgery, endoscopy and laparoscopic surgery.

Wayne General Diabetes Management Program

The Wayne General Hospital Diabetes Self-Management Program provides education to patients and families. Diabetes education is provided to patients who are newly diagnosed, those who are uncontrolled, or the obstetrical patient who presents with gestational diabetes. Education is provided to patients and caregivers of infants, children, adults, and geriatrics. Patients are seen on an outpatient basis by physician consultation. Outpatients are seen by appointment Monday through Friday in the Staff Development Classroom.

Quarterly, the Diabetes Program promotes community awareness of diabetes. The function is led by the nurse educator or dietician. Community, employee, and physician participation is encouraged. Local radio and newspaper community bulletin boards are utilized to publicize the meetings. Information about the Diabetes Education Program is available on the Wayne General Hospital Website.

Clinics

Wayne General Hospital has family clinics on campus to offer friendly and affordable service for everyone from infants to the elderly.

- Dr. W.A. Hendricks General, Endoscopic, and Advanced Laparoscopic Surgery Clinic
- Wayne General Hospital Pain Management Clinic
- Arthur E Wood Medical Clinic
- Waynesboro Family Medicine & Obstetrics

- WGH Outpatient Wound Care Center
- WGH Infusion Center

Outpatient Services

- Home Health: Skilled Nursing, Nurse Aide, Physical Therapy, Occupational Therapy, Speech Therapy
- Hospice
- Wellness Center

More about Therapy

- **Rehabilitation Department**

Located on the first floor of the hospital, Wayne General Hospital Rehabilitation Department services are available Monday-Friday, 8:00 a.m. - 4:30 p.m. and 8:00 a.m. - 12:00 p.m. on Saturday. Services are provided to both the inpatient and outpatient populations of all age groups.

The rehabilitation department provides physical, occupational and speech therapies. Comprehensive services are provided to individuals with physical dysfunction secondary to disability, disease, or injury in accordance with professional standards of practice, departmental policies and procedures, and organizational standards.

Services include the following: Comprehensive assessments, development of treatment plans, delivery and documentation of care, consultation, re-evaluation, discharge planning, and patient/family education.

- **Respiratory Therapy**

The Respiratory Therapy Department, open from 7:00 a.m. to 7:00 p.m. Monday through Sunday, is a health care service delivered by trained practitioners who specialize in the monitoring and treatment of patients with cardiopulmonary dysfunctions. The practice of Respiratory Therapy encompasses activities in diagnosis, therapy, and patient education.

Diagnostic and therapy activities include, but are not limited to the following

1. Pulmonary Function Test
2. Oxygen therapy
3. Pulmonary ventilation
4. Artificial airway care
5. Bronchial hygiene therapy
6. Nocturnal SA02 Monitor Testing
7. DeSat Studies
8. Assessment for qualification for Home Oxygen therapy
9. Electroencephalogram
10. Holter Monitoring 48 to 96 hour

More about the Wellness Center

The Wayne General Hospital Wellness Center, located across the parking lot from the hospital, is designed to offer exercise/fitness programs in a clean and safe environment to employees and the community. A clinical exercise physiologist evaluates each member and develops a personalized exercise plan; other Wellness Center team personnel work with the members to meet their individual fitness needs. Membership is open to those ages 14 and above. The Center is open Monday through Friday from 5:30 a.m. to 9:00 p.m. and on Saturday from 8:00 a.m. to noon.



ABOUT THE COMMUNITY

Wayne County is located in the southeast region of Mississippi. The county government is found in the county seat of Waynesboro, which is also one of two incorporated communities in the area. The other municipality is the town of State Line, which sits on the border of Wayne and Greene counties. Both municipalities are governed by a mayor and a five-member Board of Aldermen. The county is governed by a five-member Board of Supervisors. According to the United States Census Bureau in 2010, the population of Wayne County was 20,747. Wayne County has a total area of 8,722 square miles; land accounts for 7,911 square miles (90.70%) and water accounts for 811 square miles (9.30%).

Location of Wayne County within the state of Mississippi



Demographics:

Wayne County, Mississippi (2010 US Census Bureau)

Wayne General Hospital Service Area

Adjacent Counties

Mississippi: Clarke, Jasper, Jones, Perry, and Greene

Alabama: Washington and Choctaw

MORE ABOUT THE COMMUNITY

Demographics

The demographical data of a community portrays characteristics that impact health care, especially the population and socioeconomic status. Significant differences in health outcomes can be expected according to where people live, learn, and work. It is clear that not everyone has the means and opportunity to be their healthiest.

Additional data about Wayne County are presented in the following table that portrays Wayne County's status in relation to their population, racial makeup, households, population distribution by age, income, and those below the poverty line.

Important Characteristics that Impact Community Health Care Population and Socioeconomic Status

Population

- Population dispersion by age varies from year to year due to births and deaths. Population growth can strain health care resources and other infrastructure, particularly where limited resources already exist.
- The elderly (people age 65 and older) utilize three to four times the healthcare services required by younger populations.
- Different gender and age groups utilize significantly different types and levels of health care services, particularly male versus female, pediatrics versus adults, and elderly patient populations.
- Language and cultural differences create the need for various approaches to improving access to health care services.

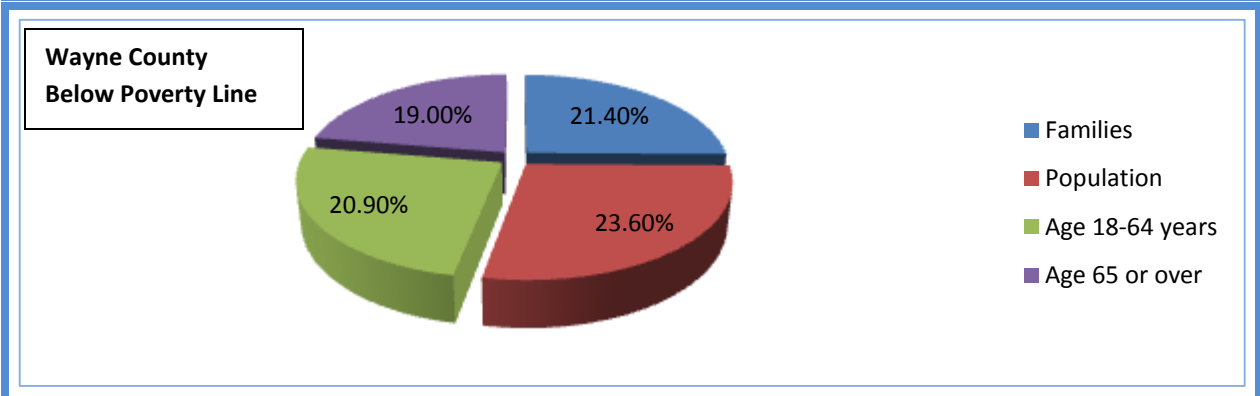
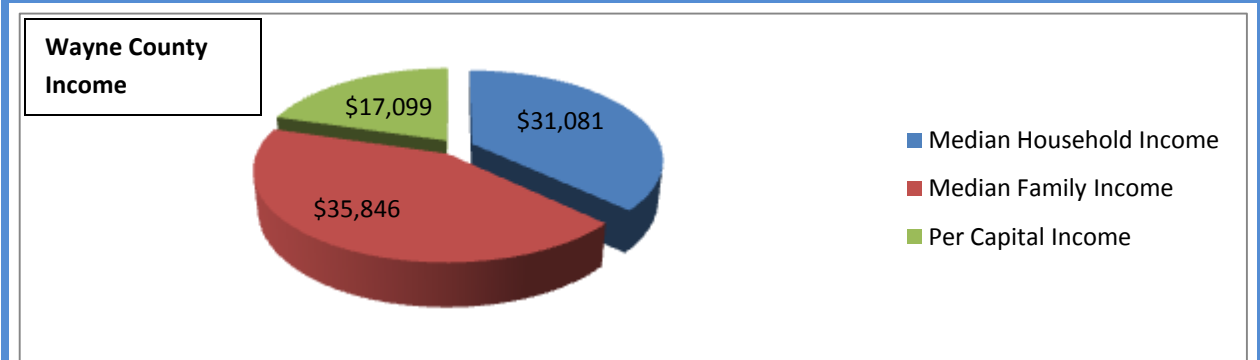
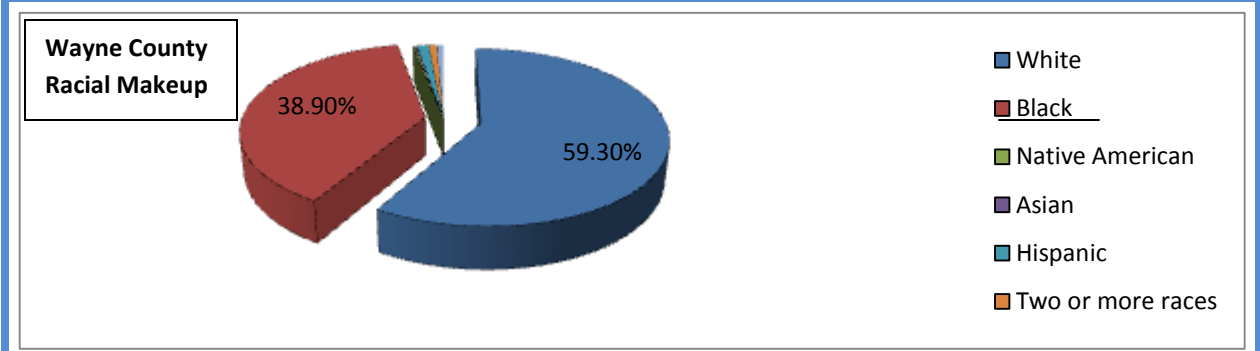
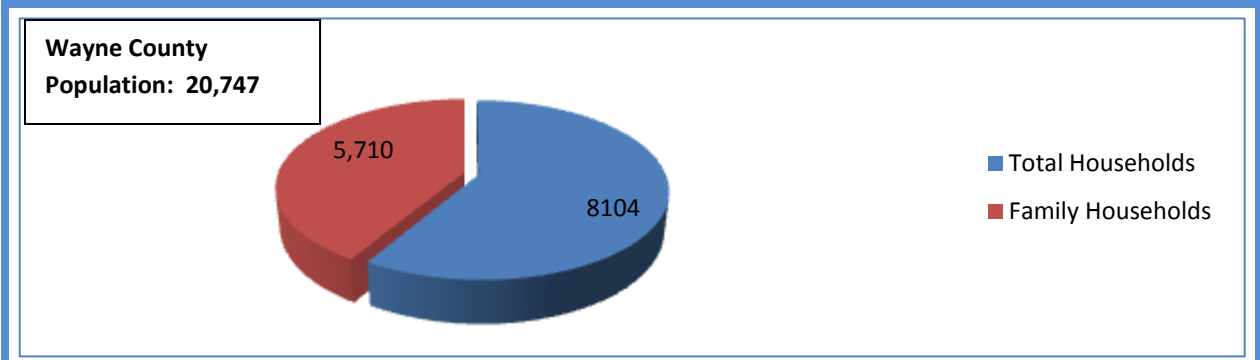
Socioeconomic Status

The socioeconomic status of a community plays a major role in health and healthcare. It affects access to healthcare services as well as diet, housing conditions, and other environmental conditions that affect health.

In most cases, the higher one's socioeconomic status, the better health coverage they have, which allows them to get routine check-ups as well as surgery, if and when needed, at a lower out-of-pocket cost. Health maintenance and screening are offered at check-up time and serve as an advantage for early disease detection and intervention.

The rate of employment directly correlates with health insurance coverage, especially as noted by the Wayne General Hospital CHNA survey results. Most employed people in Wayne County are offered health insurance coverage through their employer.

WAYNE COUNTY DEMOGRAPHICAL DATA			
Population	20,747		
Total Households	8,104		
Family Households	5,710		
Population Density/square mi	8,722 square miles		
• Land	7,911 square miles (90.70%)		
• Water	811 square miles (9.30%)		
Racial Makeup			
• White	59.3 %		
• Black or African American	38.9 %		
• Native American	0.2 %		
• Asian	0.2 %		
• Hispanic	1.2 %		
• Two or more races	0.8 %		
• Other	0.7 %		
Households	8,104		
Married couples living together	48.3 %		
Non-family households	29.5 %		
Children under age 18 living in the home	36.3%		
Male head of household with wife present	4.5%		
Female head of household with no husband	17.6 %		
Householder living alone 65 years and older	10.1 %		
Average household size	2.54		
Average family size	3.08		
Population dispersion pattern by age			
Under 5 years to 19 years	29 %		
20 years to 24 years	6.1 %		
25 years to 44 years	24.3 %		
45 years to 64 years	26.7 %		
65 years or older	13.9 %		
Median age	37.2 years		
Female	52 %		
Male	48 %		
Income		Below Poverty Line	
Median household income	\$31,081	Families	21.4%
Median family income	\$35,846	Population	23.6 %
Per capita income	\$17,099	Age 18-64 years	20.9 %
		Age 65 or over	19.0 %



PATIENT ORIGIN AND SERVICE AREA

Almost 75% of the patients seen at Wayne General Hospital in 2015 and 2016 lived in Wayne County. The adjacent service area collectively comprised approximately 25%; these numbers represent outpatient services, inpatient services, and the services of the emergency department.

THE COMMUNITY NEEDS ASSESSMENT

The Community Health Needs Assessment identifies health care improvement opportunities with input from a wide-range of community population resources. Moreover, a collaborative community health care resource approach creates a unified understanding of the health care needs of the Wayne County health care service area and will facilitate measures to generate needed changes and health educational awareness for a healthier community.

Acting on a statutory requirement for non-profit hospital to conduct a community health needs assessment, Wayne General Hospital hopes to build collaborative community relationships to identify health care needs; moreover, the hospital plans to devote resources to programs that will impact improved health for the population of the service area.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The oversight of data collection, aggregation, prioritization, and implementation of the CHNA is entrusted to the Wayne General Hospital Executive Steering Committee. The Committee will oversee the compilation of information, form working affiliations with community health care providers, and manage the sources of the budget and funding. The Committee will decide on appropriate approaches to address community health needs.

The hospital's existing Executive Steering Committee (ESC) will serve as the CHNA Steering Committee. The members of the committee are as follows:

Dr. Arthur Wood IV	Chief of Staff and Emergency Department Director
Kathy Waddell	Chief Executive Officer
Deborah Utsey, MSN, RN, CPHQ	Director of Nursing Service
Margaret Gray, MSN, RN, CPHQ	Performance Improvement Director/Customer Service Representative
David Williams	Human Resource Director
Robert Slay	Information Technology Director
Billy Bynum, DPT	Director of Rehabilitation Department
Sissy Carr, BSN, RN	Director of Home Health and Hospice Services

COMMUNITY ENGAGEMENT AND TRANSPARENCY

Wayne General Hospital brings the results of the Community Needs Health Assessment to the community with anticipation that all will take the opportunity to review the findings. We trust the exposed health needs will be brought to the forefront of the mind of each community member and consideration will be given to how each can make necessary changes to improve their health and influence change in others.

DATA COLLECTION SOURCES

Primary and secondary data were collected, reviewed, and analyzed to determine the health needs of the Wayne General Hospital community and service area. Community health needs were identified from community input; research was performed from state and national databases to compare the needs of Wayne County. The researched information was used to determine a suitable implementation process by which to influence and encourage change to improve the health of each community member.

Primary Data: Primary data are that which is collected by the CHNA Steering Committee and focus group. Primary data include collections from conversations, personal interviews, and a survey tool. Data collection for Wayne General Hospital CHNA included a quantitative/qualitative questionnaire survey tool.

Secondary Data: Secondary data refer to data collected by someone other than the CHNA data collection team. Common sources of secondary data include censuses, information collected by governmental departments, organizational records, and data that were originally collected for other research purposes. Secondary data sources used by the Wayne General Hospital CHNA Steering Committee include the following:

American Cancer Society	State Cancer Profiles
Centers for Disease Control and Prevention	State vs. National Comparisons 2013
County Health Rankings and Roadmaps University of Wisconsin Population Health Institute. <i>County Health Rankings Health Gasp Report 2015.</i>	The Annual Statistical Publication for Mississippi: 2013 Statistics
Mississippi State Department of Health	The United States Census Bureau
National Center for Health Statistics	U.S. Department of Health and Human Services
National Vital Statistics System	Wayne County Economic Development Website

COMMUNITY INPUT

The most valuable opportunity for data collection was a quantitative/qualitative survey tool used by the Wayne General Hospital CHNA Steering Committee. The survey includes participants from the following categories: community, hospital board members, medical staff, hospital leadership, and community focus group.

Many preventive health educational opportunities were identified that can be addressed and met by the hospital; whereas, other needs may be referred to other local organizations or health agencies such as the local health department. Additional health improvement opportunities were recognized in which the hospital will try to facilitate education but are not a part of the hospital's implementation plan for this project - CHNA 2017.

Focus Group Participants

Kathy Waddell	Hospital Representative: CEO
Deborah Utsey	Hospital Representative: Director of Nurses
Margaret Gray	Hospital Representative: Director of Quality
Sheri Kelly	Hospital Representative: Certified Public Accountant(CPA)
Sean Dunlap	Economic Development Director
Imogene Walley	Auxiliary President – Retired Educator
Byron Jordan	First State Bank
Dr. Todd Stokley	Physician
Kennedy Meaders	Assistant Chief of Police- Waynesboro Police Department
Mike Mozingo	Chief Deputy, Wayne County Sherriff's Department
Jackie Mills	Community Representative
Betty Robinson	Community Representative-Minister
Florence Davis	Community Representative
Dr. Garey Bonner	Dentist
Vanette Evans	Pine Belt Mental Health
Daryl McDonald	Director, Wayne County Center, Jones County Community College
Jerry Hutto	President, Wayne County Board of Supervisors
Pat Jones	Wayne County Health Department
Patsy Edwards	Wayne County DHS
Bobby Jones	Superintendent of Education
Erma Estes	Community Representative
Johnny Walker	Safety Director @ Kelley Companies
Carrie Anderson	Poultry Industry
Jeane McDonald	Retired Educator

COMMUNITY MEETINGS

Two community focus group meetings were held: On March 27, 2017, a power point presentation was presented to explain the purpose of the 2017 CHNA project along with participation request of the focus group to help with the survey process. The second meeting was held on April 24, 2017; a power point presentation was presented at this meeting with details of the tallied results from the 605 surveys. Subsequent plans of actions were presented; the ESC will conduct secondary research for statistical information, health outcomes, and disease incident and mortality rates of Wayne County, the state of Mississippi, and the United States to make a comparative community needs assessment.

THE WAYNE GENERAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT TOOL

The survey tool consisted of collecting data related to each participant’s demographic information. Participants were asked to consider and choose the top three items in three categories: factors for a healthy community, community health problems, and risky behaviors. Moreover, the survey tool prompted the participant to rank the overall health of the community and their personal health. Lastly, the survey tool prompted a question to elicit services the survey participants would like to see offered at Wayne General Hospital. Serving as primary data, the results of the 605 surveys are as follows:

Primary Data: 2017 Survey Community Input

Survey Participants	
❖ Community	n=548
❖ Hospital Board	N=8
❖ Medical Staff	N= 8
❖ Hospital Leadership	N= 23
❖ Community Focus Group	N=18
Survey Content	
➤ Survey Participant Demographics	
➤ Health Related Problems	
➤ Risky Behaviors	
➤ Factors for a Healthy Community	
➤ Overall Community and Personal Health	
➤ Quality of Healthcare in your Community	

Primary Data: Survey Participants Demographics

Age		Race/Ethnic Group		Gender	
<input type="checkbox"/> 18-24 years	60	<input type="checkbox"/> African American/Black	123	<input type="checkbox"/> Male	174
<input type="checkbox"/> 25-34 years	93	<input type="checkbox"/> Hispanic/Latino	1		
<input type="checkbox"/> 35-44 years	150	<input type="checkbox"/> White/Caucasian	439	<input type="checkbox"/> Female	379
<input type="checkbox"/> 45-54 years	94	<input type="checkbox"/> Asian/Pacific Islander	2		
<input type="checkbox"/> 55-64 years	107	<input type="checkbox"/> Native American	1		
<input type="checkbox"/> 65+ years	86	<input type="checkbox"/> Other	2		
Annual Income		Marital Status		Education (highest level completed):	
<input type="checkbox"/> Less than \$15,000	89	<input type="checkbox"/> Married	347	<input type="checkbox"/> Less than high school	49
<input type="checkbox"/> \$15,000 - \$24,999	84	<input type="checkbox"/> Not Married Single	118	<input type="checkbox"/> Vocational Training	53
		<input type="checkbox"/> Widowed	32	<input type="checkbox"/> Some college	133
<input type="checkbox"/> \$25,000 - \$35,999	69	<input type="checkbox"/> Cohabiting	11	<input type="checkbox"/> College degree	147
<input type="checkbox"/> \$35,000 - \$49,999	66	<input type="checkbox"/> Separated or Divorced	40	<input type="checkbox"/> Graduate or Professional degree	116
<input type="checkbox"/> Over \$50,000	251				
Employment Status		Type of Healthcare Coverage			
<input type="checkbox"/> Employed	442	<input type="checkbox"/> No insurance			40
		<input type="checkbox"/> Health insurance private insurance			431
<input type="checkbox"/> Not employed	45	<input type="checkbox"/> Medicaid			29
		<input type="checkbox"/> Medicare			74
<input type="checkbox"/> Retired	63	<input type="checkbox"/> Veterans Administration			8
		<input type="checkbox"/> Indian Health Service			0
		<input type="checkbox"/> Other			17

Survey Results: Health Related Problems						
RESPONSE	COMMUNITY	HOSPITAL BOARD	MEDICAL STAFF	HOSPITAL LEADERSHIP	COMMUNITY FOCUS GROUP	TOTAL
Cancers	268	5	1	10	6	290
Heart disease and stroke	242	6	1	13	6	268
Obesity – childhood and adult	195	4	8	17	13	237
High blood pressure	197	2	3	5	10	217
Diabetes	180	3	7	8	4	202
Aging problems-arthritis hearing vision loss etc	88	1		3	6	98
Mental health problems	82		4	4	4	94
Teenage pregnancy	81			4		85
Child abuse/neglect	51			1	3	55
HIV/AIDS Sexually Transmitted Diseases	55					55
Domestic Violence	33			1	1	35
Respiratory/lung disease	26				1	27
Homicide/Firearm-related	26			1		27
Motor vehicle crash injuries	24			2		26
Rape/sexual assault	11					11
Suicide	10					10
Other	10					10
Infant Death	1					1

Survey Results: Risky Behaviors						
RESPONSE	COMMUNITY	HOSPITAL BOARD	MEDICAL STAFF	HOSPITAL LEADERSHIP	COMMUNITY FOCUS GROUP	TOTAL
Drug abuse	368	4	4	15	10	401
Alcohol Abuse	254	2	1	9	6	272
Being overweight	222	2	6	17	8	255
Poor eating habits	163	3	3	10	6	185
Lack of exercise	109		4	4	3	120
Tobacco use	97	3	3	3	4	110
Unsafe sex	96	1			3	100
Dropping out of school	82	3	1	3	2	91
Not using a form of birth control	52	2	1	2		57
Not using seat belts/child safety seats	40	1				41
Racism	36			1		37
Unsecured firearms	31			1		32
Accessibility to preventive care	9			2	1	12
Not getting shots to prevent disease	12					12
Lack of maternity care	9		1			10
Other	3					3
Survey Results: Factors for a Healthy Community						
Good place to raise children	250	7	5	12	8	282
Low crime/safe neighborhoods	247	2	3	14	9	275
Good schools	221	3	2	11	7	244
Strong family lifestyles/ religious or spiritual values	222	5	2	5	2	236
Good jobs and healthy economy	207	1	2	8	10	228
Access to healthcare	135	2	5	12	10	164
Healthy behaviors and lifestyles	95	1	1	2	4	103
Clean environment	57	0		2		59
Affordable housing	51	1	1	1		54
Access to healthy foods	43	2		1	1	47
Parks and recreation	36	0			1	37
Excellent race/ethnic relations	16	0		1	2	19
Other	6					6

Survey Results: Rating of Community and Personal Health						
RESPONSE	COMMUNITY	HOSPITAL BOARD	MEDICAL STAFF	HOSPITAL LEADERSHIP	COMMUNITY FOCUS GROUP	TOTAL
COMMUNITY: How would you rate the overall health of our community?						
Somewhat healthy	294	6	3	13	9	325
Unhealthy	171	1	4	7	6	189
Healthy	31	0		1	1	33
Very unhealthy	18	0	1			19
Very healthy	15	1		1	1	18
PERSONAL: How would you rate your personal health?						
Healthy	231	4	6	11	10	262
Somewhat healthy	211	2	1	7	7	228
Very healthy	41	1		2	1	45
Unhealthy	27	0		1		28
Very unhealthy	4	0				4

Survey Results: Quality of Healthcare in your Community						
RESPONSE	COMMUNITY	HOSPITAL BOARD	MEDICAL STAFF	HOSPITAL LEADERSHIP	COMMUNITY FOCUS GROUP	TOTAL
Are you satisfied with the health care system in your community?						
Strongly yes	28	3	1	2	3	37
Yes	227	4	5	17	12	265
Neutral	185	1	2	3	3	194
No	86			1		87
Strongly no	5					5
Is your community a good place to grow old?						
Strongly yes	40	3	1	2	1	47
Yes	286	4	6	18	16	330
Neutral	130		1	3	1	135
No	52					52
Strongly no	6					6
Is there a sufficient number of health and social services in your community?						
Strongly yes	18	3	1	1		23
Yes	223	2	5	15	12	257
Neutral	145	1		3	4	153
No	126		2	1		129
Strongly no	6					6
Do you use a primary care (family) doctor or physician assistant or nurse practitioner for most of your routine health care?						
Strongly yes	66	5	2	7	3	83
Yes	390	2	5	16	15	428
Neutral	21					21
*No	38		1			39
Strongly no	1					1
If no, then what kind of medical provider do you use for routine care?						
Community Health Center	4					4
Rural Health Clinic	1					1
Specialist	11					11
Health Department	2					2
Emergency Room/Hospital	2					2
Other: Please list below Hattiesburg OB-GYN Jackson-VA MEA Clinic	4					4

The survey question - “What services would you like to see offered at Wayne General Hospital”? - elicited suggestions in the following areas:

Education:

- Health education, public awareness, and disease screenings
- Community health education classes to promote a healthy lifestyle related to diet/nutrition, weight loss, and exercise
- Offer classes related to family planning, child birth, breasts feeding, and classes related to child care and parenting
- Offer classes to teach CPR and first aid to students and all age groups including the population of age 50 and over

Other:

- Counseling services for substance abuse, mental health, obesity, and diabetes
- Bring medical specialist to Wayne County
- Offer financial assistance to meet health needs of the elderly
- Community outreach informing the public of available community and hospital services
- Provide public advertisement related to gym membership and mobility exercises for senior adults at the Wellness Center

SURVEY SUMMARY

According to the survey results, the survey participants felt the greatest health related problem is cancer. Additionally, in regards to lifestyle and diet impacted diseases, heart disease and stroke, obesity, high blood pressure, and diabetes rank high on the list of identified health related problems. In addition to addressing cancer as the number one identified health problem, it is felt that educational opportunities that emphasize modifiable risk factors such as diet, exercise, and cessation of drugs, tobacco, and alcohol are important to the Wayne General Hospital CHNA plan of action.

FRAMEWORK FOR ANALYSIS

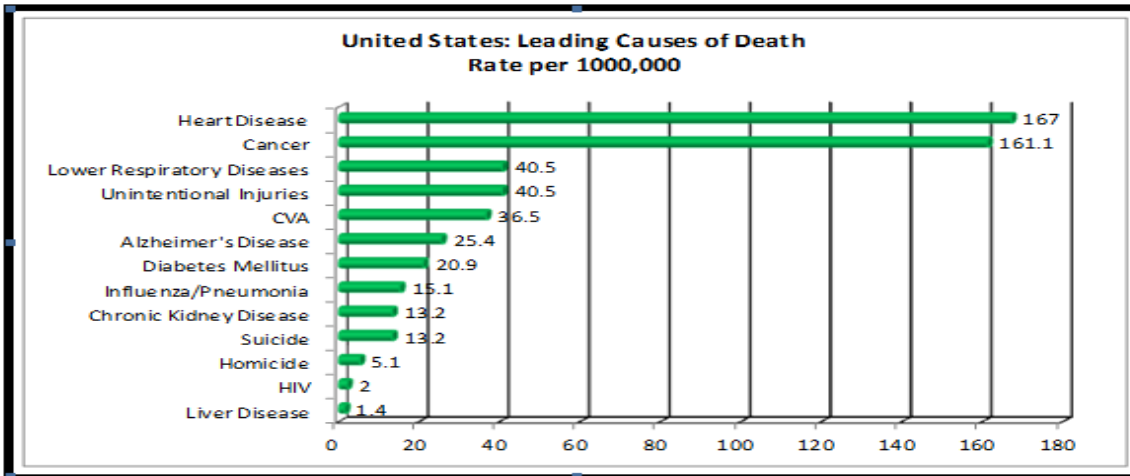
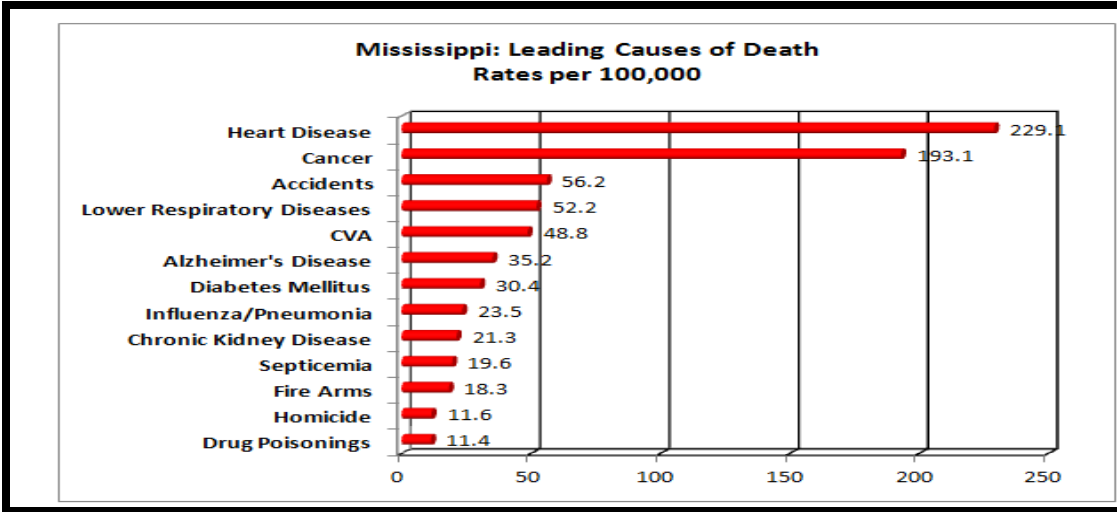
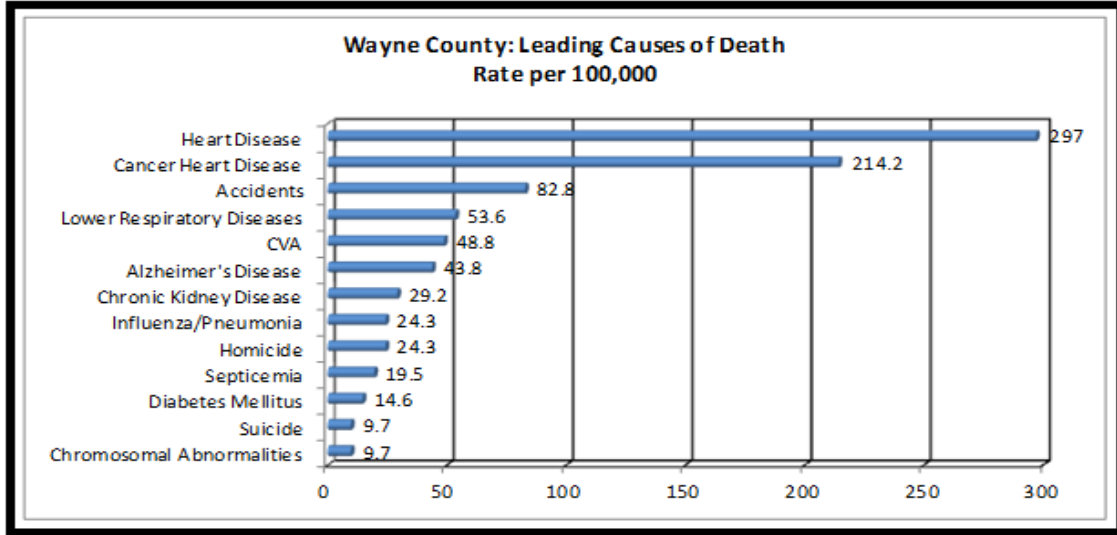
To identify the issues of greatest priority for Wayne County, the health outcome indicator results were evaluated using the County Health Rankings Model created by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The model has three major components, Health Outcomes, Health Factors, and Programs and Policies.

Health Ranking Model				
County Health Rankings Model University of Wisconsin Population Health Institute Robert Wood Johnson Foundation				
<p>Health Outcomes: This component evaluates the health of a community as measured by two types of outcomes: how long people live (mortality/length of life) and how healthy people are when they are a-live (morbidity/quality of life).</p> <p>Health Factors: Factors that influence the health of a community include activities and behaviors of individuals (health behaviors), availability of and quality of health care services (clinical care), the socio-economic environment where people live and work (social and socioeconomic factors), and the attributes and physical conditions in which they live (physical environment). Although an individual’s biology and genetics play a role in determining health, the community cannot influence or modify these conditions; therefore, these factors are not included in the model.</p>				
Health Outcomes	50% Mortality (Length of Life)			
	50% Morbidity (Quality of Life)			
Health Factors	30% Health Behaviors	Tobacco Use	Income	40% Social and Economic Factors
		Diet and Exercise	Employment	
		Sexual Activity	Education	
		Alcohol and Drug Use	Family and Social Support	
	20% Clinical Care	Quality of Care	5% Air and Water Quality	10% Physical Environment
		Access to Care	5% Housing and Transit	
Programs and Policies	<p>Policies and programs at the local, state, and federal level have the potential to impact the health of a population as a whole. Examples include smoke-free policies or laws mandating childhood immunization. Wayne General is a smoke-free campus. Wayne General gives the appropriate immunizations to all babies born at our hospital; influenza and pneumonia vaccinations are offered to hospital inpatients. Childhood immunizations and adult immunization for influenza and pneumonia are offered at Waynesboro Family Medicine & Obstetrics Clinic; the Arthur E. Wood Medical Clinic offers influenza and pneumonia vaccine to adults and children as appropriate.</p>			

HEALTH OUTCOMES
LEADING CAUSES OF DEATH (Mortality)
Secondary Data

The following secondary data were compiled to determine the leading causes of death in Wayne County as compared to other counties in Mississippi and the United States. As noted by the following data, heart disease and cancer are the leading causes of death across the board.

Wayne County (2013)	DR	Mississippi (2014)	DR	United States (2014)	DR
Heart Disease	297	Heart Disease	229.1	Heart Disease	167
Cancer	214.2	Cancer	193.1	Cancer	161.1
Accidents	82.8	Accidents	56.2	Chronic Lower Respiratory Diseases	40.5
Lower Respiratory Diseases	53.6	Chronic Lower Respiratory Diseases	52.2	Unintentional Injuries (Poison & MVA)	40.5
CVA	48.8	Stroke	48.8	CVA	36.5
Alzheimer’s Disease	43.8	Alzheimer’s Disease	35.2	Alzheimer’s Disease	25.4
Chronic Kidney Disease	29.2	Diabetes Mellitus	30.4	Diabetes Mellitus	20.9
Influenza / Pneumonia	24.3	Influenza / Pneumonia	23.5	Influenza / Pneumonia	15.1
Homicide	24.3	Chronic Kidney Disease	21.3	Chronic Kidney Disease	13.2
Septicemia	19.5	Septicemia	19.6	Suicide	13.2
Diabetes Mellitus	14.6	Fire Arms	18.3	Homicide	5.1
Suicide	9.7	Homicide	11.6	HIV	2.0
Chromosomal Abnormalities	9.7	Drug Poisonings	11.4	Liver Disease	1.4
<i>Note:</i>					
<i>DR= Death Rate</i>					
<i>1. Age-adjusted per 100,000 population</i>					
<i>2. Leading Cause of Death Rate Listed in Descending Order</i>					
<i>3. Chronic Kidney Disease=Nephritis, Nephrotic Syndrome, and Nephrosis</i>					

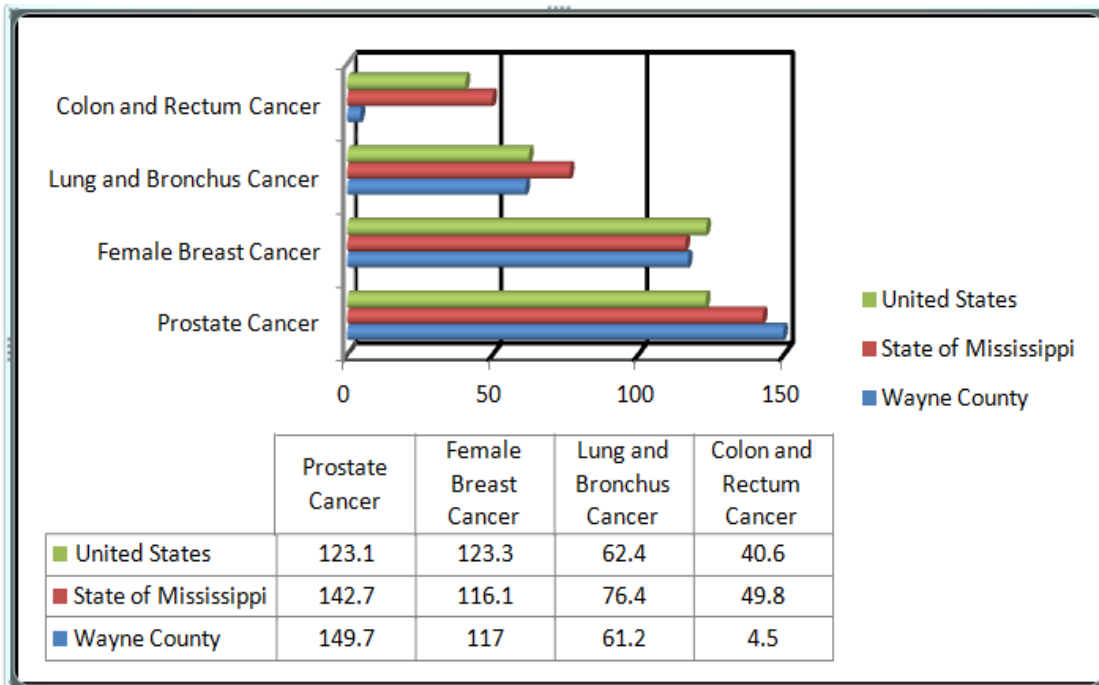


CANCER SITES: INCIDENCE RATES AND MORTALITY RATES
Top Four Invasive Cancer Types of Wayne County
Comparative Data for Wayne County, Mississippi, and the US 2009 -2013
Secondary Data

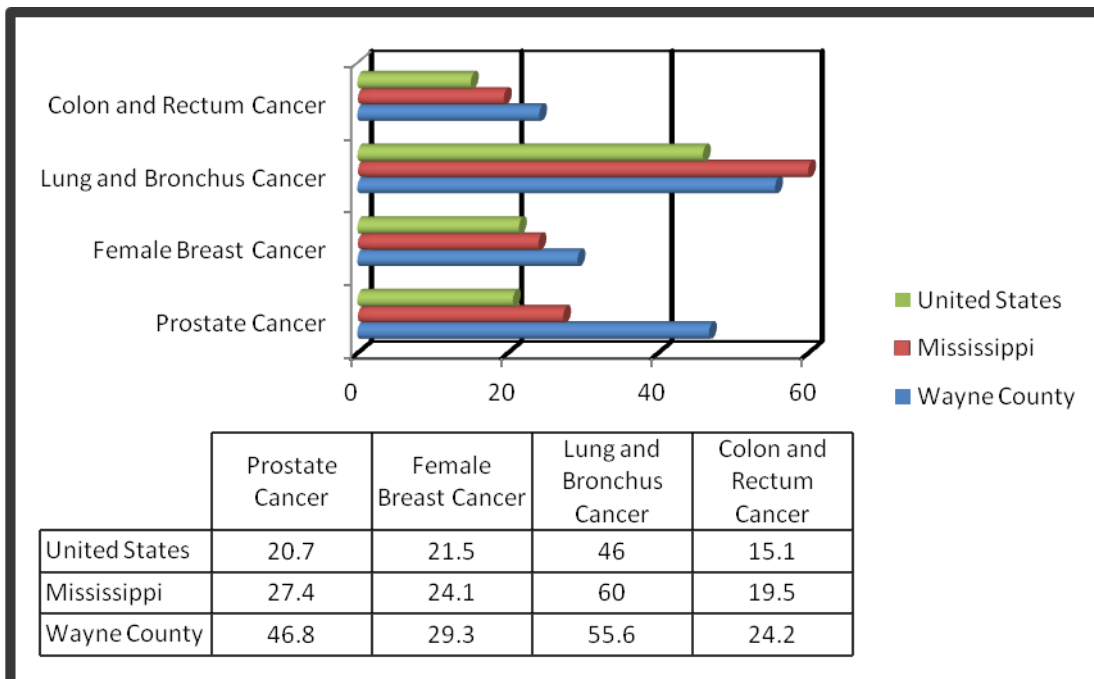
Compared to the other counties in Mississippi and the United States, Wayne County has higher incident rates and mortality rates of prostate cancer. Wayne County’s incident rate of female breast cancer closely aligns to other counties in Mississippi and lower than the United States; however, Wayne County has a higher mortality rate than other counties in Mississippi and the United States. Higher mortality could indicate a consequence of a low rate of mammography screenings. The incident rate of lung and bronchus cancer in Wayne County is lower by a small margin than the United States and much lower than other counties in the state of Mississippi; they have of a lower mortality rate than other counties in Mississippi and a higher mortality rate than the United States. In the four cancer types mentioned, the objectives have not been met to lower the mortality rates according to the goals set by Health People 2020.

Cancer Site	Incidence (1)			Mortality (1)			Healthy People 2020 Goal (2)	Healthy People 2020
	Wayne County	Mississippi	United States (3)	Wayne County	Mississippi	United States (3)	Wayne County	Goal Objective Met (2)
Prostate	149.7	142.7	123.1	46.8	27.4	20.7	Goal C-7 Reduce death rate to 21.8	No
Female Breast	117.0	116.1	123.3	29.3	24.1	21.5	Goal C-3 Reduce death to 20.7	No
Lung and Bronchus	61.2	76.4	62.4	55.6	60	46	Goal C-2 Reduce death rate to 45.5	No
Colon and Rectum	51.9	49.8	40.6	24.2	19.5	15.1	Goal C-5 Reduce death rate to 14.5	NO
<i>Notes:</i>								
<i>1-Incidents and mortality rates are age-adjusted per 100,000 cases per year (Rates are for invasive cancer only).</i>								
<i>2- Health People 2020 Objectives provided by the Centers for Disease Control and Prevention</i>								
<i>3- United States Information supplied by SEER + NPCR</i>								
<i>Wayne County, Ms data not available for the following cancer sites (counts not reported): Corpus and Uterus, Kidney and Renal Pelvis, Urinary Bladder, Skin Melanoma, and Non-Hodgkin Lymphoma</i>								

Cancer Site: Incidence Rates



Cancer Site: Mortality Rates



WAYNE COUNTY HEALTH RANKINGS

Health Factors/ Health Behaviors

Secondary Data

According to the *County Health Rankings* Health Gaps Report (2015), if all residents had the same health care opportunities, there could be 133,000 fewer adult smokers and 65,000 fewer obese adults. Wayne County has a high incident rate of adult smokers and adult obesity, which are modifiable contributors to cancer. It is reported that Wayne County residents are less physically active with limited access to exercise opportunities, each of which contributes to obesity.

Health Factors	2017 Review						
	<i>Note: Year of Data Used</i>						
	*Years of Data Used	Weight	Wayne County	National Benchmark (Top United States Performers Percentile)		State of Mississippi	Rank (of 82)
Health Behaviors							53
1-Adult Smoking	2015	10%	21%	14%	(10 th percentile)	23%	
2-Adult Obesity	2013	5%	38%	26%	(10 th percentile)	35%	
3-Food/Environ Index	2010, 2014	2	6.1	8.4	(90 th percentile)	5.5	
4-Physical Inactivity	2013	2%	35%	19%	(10 th percentile)	32%	
5-Access to Exercise Opportunities	2014	1%	41%	91%	(90 th percentile)	57%	
6-Excessive Drinking	2015	2.5%	13%	12%	(10 th percentile)	13%	
7-Alcohol Impaired Driving Deaths	2011-2015	2.5%	14%	13%	(10 th percentile)	23%	
8-Sexually Transmitted Diseases	2014	2.5%	603.7	145.5	(10 th percentile)	655.4	
9-Teen Births	2008-2014	2.5%	67	17	(10 th percentile)	52	
<i>Notes: 90th percentile, only 10% are better</i>							
2-Obesity BMI: 30% or more		5- Percentage of population with adequate access to locations for physical activity					
3-Food Environment Index: 0(worst) – 10 (best)		8- Number of newly diagnosed Chlamydia cases per 100,000 population					
4-Percentage of adults age 20 or greater report no leisure time for physical activity		9- Number of births per 1,000 female population ages 15-19					

WAYNE COUNTY HEALTH RANKINGS

Health Factors/Clinical Care

Secondary Data

Measures that indicate meaningful gaps are those that are worth mentioning or statistically different from a state or the United States. Gaps that have a great influence on health include the uninsured adult, primary care physician ratio, preventable hospital stays, diabetic screenings, and mammography screenings. Social and economic factors significantly influence clinical care in these areas. Compared to the national benchmark and the state of Mississippi, Wayne County residents have a higher percentage of population less than age 65 without health insurance, which makes them reluctant to seek healthcare. They have a higher ratio of patient to primary care physician resulting in less opportunity or longer waiting time for healthcare access. The number of hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees is 82, which is higher than the national benchmark and that of Mississippi. The percentage of diabetic Medicare enrollees ages 65-75, which receive HbA1C monitoring in Wayne County, is lower than the national average and the state of Mississippi leading to poorly controlled diabetes. The percentage of female Medicare enrollees ages 67-69 that receive mammography is lower than the national benchmark and that of the Mississippi indicating there could be higher incident rates of undetected breast cancer.

Health Factors	2017 Review						
	<i>Note: Year of Data Used</i>						
	Years of Data Used	Weight	Wayne County	National Benchmark (Top United States Performers Percentile*)		State of Mississippi	Rank (of 82)
Clinical Care							77
1-Uninsured Adults	2014	5%	19%	8%	(10 th percentile)	17%	
2-Primary Care Physician Ratio	2014	3%	2,930:1	1,040:1	(90 th percentile)	1,900:1	
3-Preventable Hospital Stays	2014	5%	82	36	(10 th percentile)	68	
4-Diabetic Screenings	2014	2.5%	68%	91%	(90 th percentile)	84%	
5-Mammography Screenings	2014	2.5%	49%	71%	(90 th percentile)	57%	
<i>Notes:</i>							
<i>*Percentile: 90th percentile, only 10% are better</i>							

GAP ANALYSIS AND CLOSURE

The information gathered from the community survey was consistent with quantitative and qualitative data. Cancer was the most common health related problem identified by the survey participants. Cancer is the second leading cause of death in Wayne County, Mississippi, and the United States. CDC.gov (2013) reported that 1,559,130 new cancer cases were diagnosed in the United States; approximately 10% of the new cancer cases were diagnosed in Mississippi as the number of new cases was 15,482. The American Cancer Society estimated that 16,680 new cases of cancer were diagnosed in Mississippi in 2016; this included 1,530 new cases of colorectal cancer and 2,330 new cases of breast cancer in women.

Existing gaps were identified by the survey participants that include six significant risky behaviors, which are also modifiable risks that contribute to cancer. The six risky behaviors that were given top priority include drug abuse, alcohol abuse, being overweight, poor eating habits, lack of exercise, and tobacco use.

Survey participants identified the need for public preventive health education, counseling, screenings, and promotion of physical activity through public advertisement of the health benefits of using the Wayne General Hospital Wellness Center and walking track.

Additional health related problems, which are impacted by the same identified modifiable risk factors, were identified by the survey. These problems include heart disease and stroke, obesity, high blood pressure, and diabetes.

Wayne General Hospital is committed to close or narrow the gaps to the top four cancers in Wayne County. Gaps can be narrowed if steps are taken to create equitable opportunities to improve education, awareness, and to promote screenings. Closing the gap with practical and sound strategic prevention actions will be facilitated by professional support agents to gain insight and knowledge to make informed decisions and effectively spur lifestyle changes as an effort to prevent cancer. Prevention encompasses modifying lifestyle behaviors; moreover, prevention is cost efficient compared to treatments that are costly to patients' finances and emotional well-being.

PRIORITIZATION

The Executive Steering Committee analyzed the primary and secondary data gathered regarding the health related problems identified by the Wayne General Hospital survey participants and the research from the national databases and governmental publications. Cancer was identified as the greatest community health issue; therefore, education, cancer awareness, and screenings are the focus of Wayne General Hospital's 2017 Community Health Needs Assessment.

The Executive Steering Committee used the following process to prioritize the identified need the hospital will use when creating strategies to close the gap:

- Executive Steering Committee meetings were held to discuss all findings and data.
- The results of the survey were compiled and presented in chart/table forms; information was listed from the greatest to the least priority for easy analysis. Analyzing the survey results, an effort was made to correlate an alignment of the top identified health related problems with top risky behaviors, factors for a healthy community, rating of overall community and personal health, and quality of community healthcare.
- The primary and secondary data were compared. It was noted that cancer is the second leading cause of death in Wayne County, Mississippi, and the United States; moreover, to hear the voice of the people who participated in the community survey and acting as community representation, the committee elected to commit to make a difference in circumventing the burden of the community health related problem of cancer.
- An implementation strategy will address cancer, which is the major health problem identified by the community, hospital board, medical staff, hospital leadership, and community focus group. Strategies will seek to increase awareness, promote screenings, and influence wellness and lifestyle changes of modifiable risk factors that impact the dreaded and devastating disease of cancer. Prostate cancer, female breast cancer, lung and bronchus cancer, and colon and rectum cancer are the leading reported cancers of Wayne County.

IMPLEMENTATION PLAN

Addressing the identified health problem of Wayne County will require collaborative efforts to develop and implement an effective plan of cancer prevention and awareness; success will depend on efforts of commitment of Wayne General Hospital, the local healthcare providers, and the people of the community. Wayne General Hospital will make all efforts to implement the plan as outlined in the Health Issue Action Plan.

HEALTH ISSUE ACTION PLAN

Over the next three years, Wayne General Hospital will partner with hospital owned and area clinics and focus energy to the area of cancer.

Priority Area: CANCER

Contributing Factors:

Lack of Screenings, Failure to go for Health Maintenance Doctor Visits, Tobacco Use, Alcohol Consumption, Poor Nutrition, Obesity / Overweight, and Lack of Physical Exercise

Implementation Plan:

Develop programs that will promote prevention, early detection of cancer, and increased awareness of contributing factors.

Strategic Action Plan:

Provide educational opportunities with emphasis on the importance of screening and early detection of the four major reported cancers in Wayne County which are as follows:

- Prostate Cancer
- Female Breast Cancer
- Lung and Bronchus Cancer
- Colon and Rectum Cancer

Target Populations:

WGH employees and the communities of Wayne County and the Wayne General Hospital service area.

Goal/Desired Outcomes:

1. The community will have increased awareness of the importance of cancer screenings; in addition to, they will have increased awareness of the four major types of cancer of Wayne County and knowledge of modifiable behaviors that contribute to each.
2. Improve compliance with health maintenance visits in hospital owned clinics.

Process:

1. Education will be made available on the Wayne General Hospital Website, Wayne County Newspaper and social media.
2. Cancer awareness education and the importance of screenings will be offered to local civic organizations, clubs, and health fairs.

Measure of Success:

1. Measure success by the number of people who attend classes.
2. Measure the number of people who report for clinic visits for health maintenance visits.

Anticipated Cost for Contributions to Impact Cancer Prevention

Program	Projected Annual WGH Monetary Contributions
Wayne General Hospital Annual Contribution toward a Healthier Wayne County	\$5000.00
Health Education for FY/17	\$2500.00
Health Screening Cost for FY/17	\$2500.00

OTHER IDENTIFIED HEALTH PROBLEMS: REASON NOT ADDRESSED

The six major health problems identified by the 2017 Wayne General Hospital CHNA survey participants were cancer, heart disease, stroke, obesity-childhood and adults, high blood pressure, and diabetes. Each has a contributing factor of poor nutrition and lack of exercise. The community would benefit from an implementation plan for all six health problems and poor nutrition and lack of exercise; however, expertise and financial resources are beyond control of Wayne General Hospital to majorly address each problem. Therefore, to be effective, we will focus on the community health identified problem- cancer.

COMMUNITY AWARENESS OF 2017 CHNA REPORT

The Wayne General Hospital's CHNA report is available on the hospital's website- www.waynegeneralhospital.org- or a printed copy may be obtained from the hospital's administrative office.

THANK YOU

This comprehensive assessment will allow us to better understand the health needs and concerns of our community. We pledge to make all efforts to align this project with our mission and strategic planning goals of providing quality health care that meets or exceeds the expectation of our customers. We want the community to be more informed so they will be able to make smarter decisions about their health thus creating a healthier environment for the residents of Wayne County and the surrounding service area.

Thanks to all who participated in this 2017 CHNA report; the team approach of gathering data followed by discussions and participation in the decision making process helped make this project a collaborative community effort.

Sources and Links

American Cancer Society: <https://www.cancer.org/>

Centers for Disease Control and Prevention:

- a. <http://www.cdc.gov/nchs/hus/contents2015.htm#017>.
- b. https://www.cdc.gov/nchs/pressroom/states/MS_2015.pdf
- c. https://www.cdc.gov/nchs/pressroom/stats_of_the_states.htm
- d. <https://www.cdc.gov/cancer/>

CHSI: Information for Improving Community Health

<https://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MS/Wayne/>

County Health Rankings and Road Maps

<http://www.countyhealthrankings.org/app/mississippi/2017/measure/factors/9/map>

Mississippi State Department of Health http://msdh.ms.gov/msdhsite/_static/43,0,292.html

National Health Statistics

<https://www.cdc.gov/nchs/pressroom/states/mississippi/mississippi.htm>

State Cancer Profiles (2009 – 2013).

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?28&001&066&00&1&02&0&2&5&0#results>

State vs. National Comparisons: <https://nccd.cdc.gov/uscs/statevsnational.aspx>

The United States Census Bureau (2010).

<https://factfinder.census.gov/faces/nav/jsf/pages/error.xhtml>

The Annual Statistical Publication for Mississippi: 2013 Statistics

http://msdh.ms.gov/phs/2013/Summary/dthsumm_cnty_2013.pdf

United States: https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

University of Wisconsin Population Health Institute (2015). County Health Rankings Health Gaps Report

United States Department of Health and Human Services

https://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

Wayne County Economic Development: <http://www.waynecounty.ms/index.php>

Wayne County Health Rankings

<http://www.countyhealthrankings.org/app/mississippi/2017/measure/factors/9/map>

Wayne County: Mississippi State Department of Health, Office of Public Health Statistics (2015).

Note: Charts were created by Wayne General Hospital with information from noted sources

